

1. Employee No. 29600

2. Name (Last, First, MI)

Genise, Thomas A.3. Div/Dept. No. 039 / 350

4. Report No.

5. Dates of Expense: From 7-10-95 To 7-14-95

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
6. Date		7-10		7-12	7-13	7-14		
7. City		Highland		Galesburg	Marshall	Marshall		
State/Country		MT		MT	MT	MT		
8. Meals		15.86		23.74	2.91	15.58		54.29
9. Incidentals								
10. Hotel/Motel						99.09		99.09
12. Accounting Use Only								
County Code								
Per Diem Rate								
Variance								
13. Telephone						2.54		2.54
14. Taxi, Auto Rental, Local Transp.								
Rate _____ per mile (miles)	()	()	()	()	()	()	()	()
15. Auto Expense Personal <input type="checkbox"/> Leased <input type="checkbox"/>								
16. Employee Purchased Transp.								
17. *Entertainment					5.75			5.75
18. Parking								
19. *Guest Meals		12.06				15.58		27.64
20. Company Paid Transportation								
21. Leased Car Maint. (Detail Over)								
22. *Other		286.63		16.43				303.06
23. Total Expense		314.39		90.17	8.66	77.28		441.00

Account Distribution:

Div.	Gr	Cl	Sub	Dept	Prod	Source	Amount
			900			6251-01	384.17
			905				
			907			"	54.29
			920			"	25.74
			410				
						Total	441.00

Advances:
(Cash, Check, Hotel deposits)

Company paid transportation

Carry over from previous report (if applicable)

Amount due employee
Amount due company

441.00

Charge → 6251-01

Purpose of Trip: (Mon) Trip to Highland to test/check out AutoSplit for Friday meals and to get fuel.
(Wed) Trip to Galesburg to attend J1939 meeting and meet w/ S. Edelen
(Thurs-Fri) Demo of AutoSplit to TCOR management

*Explain Expenditures Above By Day:

Sunday:

Monday:

Tuesday:

Wednesday: 22) Gas for Co. Van

Thursday: 17) Movie Fee

Exhibit 19

Friday: 19) meals for R. Markyle

OK #

Date

Saturday:

Am't

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

Employee Signature

Date

Authorized For Reimbursement

Approved

Date

1. Employee No. 57250

2. Name (Last, First, MI)
MARKYVECH, RONALD, K.

3. Div/Dept. No. 039 / 380

4. Report No.

5. Dates of Expense: From 7-13-95 To 7-14-95

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
6. Date					7-13-95	7-14-95		
7. City					BATTLE LAK.	CHILSEA		
State/Country					MS	MS		
8. Meals					16 00	20 34		36 34
9. Incidentals								
10. Hotel/Motel					41 91			41 91
12. Accounting Use Only								
County Code								
Per Diem Rate								
Variance								
13. Telephone					3 54			3 54
14. Taxi, Auto Rental, Local Transp.								
Rate _____ per mile (miles)	()	()	()	()	()	()	()	()
Auto Expense Personal <input type="checkbox"/> Leased <input type="checkbox"/>								
16. Employee Purchased Transp.								
17. *Entertainment								
18. Parking								
19. *Guest Meals								
20. Company Paid Transportation								
21. Leased Car Maint. (Detail Over)								
22. *Other								
23. Total Expense					61 45	20 34		81 79

Account Distribution:

Div.	Gr	Cl	Sub	Dept	Prod	Source	Amount
	14	09	900			6182-01	45.41
			905				
	4		907			2	36.34
			920				
Total							81.79

Advances:

(Cash, Check, Hotel deposits)

Company paid transportation

Carry over from previous report (if applicable)

Amount due employee

Amount due company

Purpose of Trip: PROJECT 6182-01, Took AutoSplit Concept Truck to TCONA'S

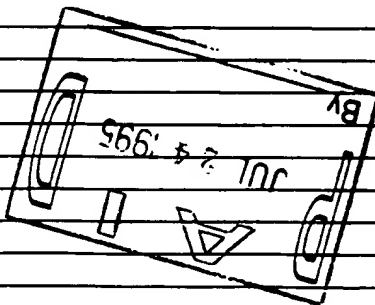
TRUCK Demo AND "Automation STRATEGIC PLANNING MEETING".

*Explain Expenditures Above By Day:

Sunday: _____

Monday: _____

Tuesday: _____



Wednesday: _____

Thursday: LINE #8 PURCHASED DINNER FOR TOM CANISE AND MYSELF.

Friday: LINE #8 PURCHASED DINNER FOR TOM CANISE AND MYSELF.

Saturday: _____

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

Ronald K. Markyvech
Employee Signature

7-15-95
Date

Authorized For Reimbursement

John Kelly
Approved

7/24/95
Date